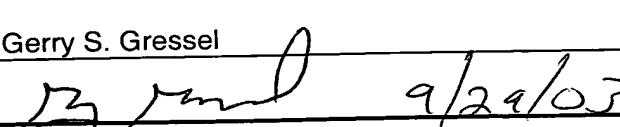
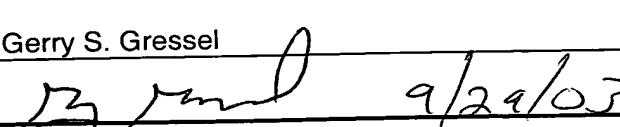
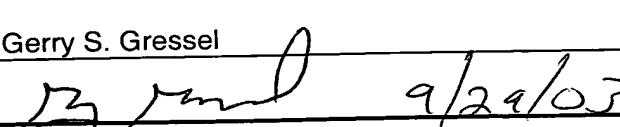


Please type a plus sign (+) inside this box

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	END 5213						
		First Inventor: Christopher J. Hess et al. Title: METHOD OF OPERATING ENDOSCOPIC DEVICE WITH ONE HAND I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Commissioner for Patents, MS Patent Application, PO Box 1450, Alexandria, VA 22313 Name: <i>Linda F. Hansen</i> Date: September 29 2003 Linda F. Hansen Express Mail Label No. ER 554 936 014 US							
<b>APPLICATION ELEMENTS</b>  <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		<b>ADDRESSED TO:</b> Commissioner For Patents MS Patent Application PO Box 1450 Alexandria, VA 22313-1450							
		 U.S. PTO 10/674237 22386 092968							
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)  <i>(submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 21]  <i>(Preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive Title of the Invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [ Total Sheets 14 ]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3 ]  a. <input checked="" type="checkbox"/> Newly executed (original or copy)  b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: _____, filed _____.  Prior application information: Examiner _____ Group Art Unit: _____  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>19. <b>CORRESPONDENCE ADDRESS</b>  <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input checked="" type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq.  Address: Johnson &amp; Johnson, One Johnson &amp; Johnson Plaza  New Brunswick, NJ 08933-7003 USA</p> <p>20. <b>TELEPHONE CONTACT:</b> Gerry S. Gressel  Please direct all telephone calls or faxes to: Telephone: (513) 337-3535 Fax: (513) 337-8489</p> <p>21. <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b></p> <table border="1"> <tr> <td>NAME</td> <td>Gerry S. Gressel</td> <td>Reg. No. 34,342</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="2">   Date:  September 29, 2003 </td> </tr> </table>				NAME	Gerry S. Gressel	Reg. No. 34,342	SIGNATURE	 Date: September 29, 2003	
NAME	Gerry S. Gressel	Reg. No. 34,342							
SIGNATURE	 Date: September 29, 2003								

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## FEE TRANSMITTAL

Complete if Known	
Application Number	
Filing Date	September 29, 2003
First Named Inventor	Christopher J. Hess et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	END-5213

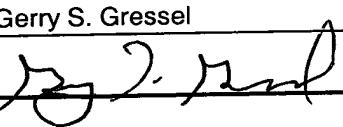
## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 750.00
TOTAL CLAIMS	15 - =	0	x 18.00	\$ 00.00
INDEPENDENT CLAIMS	3 - =	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 - =	N/A	X 280.00	
			TOTAL FEES	\$750.00

## METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750END-5213/GSG in the amount of \$750.00.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END-5213/GSG.

SUBMITTED BY:		Complete (if applicable)
Typed or Printed Name	Gerry S. Gressel	Reg. No. 34,342
Signature		Deposit Account No. 10-0750
	Date: September 29, 2003	